

ONE-DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

PLEASE READ INSTRUCTION SHEET CAREFULLY BEFORE COMPLETING THIS APPLICATION.

License Fees: All Alcohol: \$150.00
Wine/Malt: \$100.00

Filing Fee: \$50.00
All checks should be made payable to: City of Newton

DATE: _____

☐ **ALL ALCOHOL (non-profit only)**

☐ **WINE/MALT**

NAME OF APPLICANT OR ORGANIZATION APPLYING:

ADDRESS: _____

PHONE NUMBER: _____

1. Type of Event: _____ **Day of Event:** _____

Event Date: _____ **Rain date:** _____ **Hours of Event:** _____
(alcohol service must conclude by 11:30 p.m.)

2. Event Location (name & address) _____

3. Function will be held: Inside _____ Outside _____ **Expected # People** _____ **Ages** _____

Security Arrangements: Newton Police _____ Private _____ None _____

(The Commission reserves the right to require additional police details)

4. Will there be entertainment: Weekdays Only _____ Sunday Only _____ Weekdays/Sunday _____

Describe type of entertainment: _____

(Separate License is Required for Entertainment)

5. Complete Name and Address of Officers of Non-Profit Organization Applying:

Title: _____ **Name:** _____ **Address:** _____

Title: _____ **Name:** _____ **Address:** _____

6. Name of Person in charge of the sale/dispensing of alcoholic beverages? _____

Has individual completed an appropriate Massachusetts Alcoholic Beverages Server Training Program?
yes () no ()

If no, does the applicant have knowledge or experience in regard to State Liquor Laws: yes () no ()

Explain: _____

Describe procedures to be used to ensure compliance with existing laws (e.g., check ID's, responsible alcohol service). If minors are in attendance, specify the manner in which service of alcohol beverages will be controlled. Minors are not allowed within the area where alcohol beverages are dispensed.

7. Each applicant/organization must designate an individual who will be at the event and be RESPONSIBLE for supervision and adherence to all the rules and regulations governing this license.

Please print:

Name: _____ Address: _____

City/town: _____ Zip code _____ Phone: (____) _____

****The person in charge of event, must attend the hearing****

Signature: _____ Date: _____

RETURN COMPLETED APPLICATION AND FEE(S) TO:

**BOARD OF LICENSE COMMISSIONERS
Newton Health and Human Services Department
1000 Commonwealth Avenue
Newton Centre, MA 02459
617-796-1420**